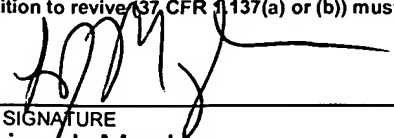


<b>TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A SUBMISSION UNDER 35 U.S.C. 371</b>		ATTORNEY'S DOCKET NUMBER 2884 (203-3592PCTUS) U.S. APPLICATION NO. (If known, see 37 CFR 1.5) TO BE ASSIGNED <b>10/540197</b>
INTERNATIONAL APPLICATION NO. PCT/US2003/041068	INTERNATIONAL FILING DATE 22 December 2003	PRIORITY DATE CLAIMED 20 December 2002
TITLE OF INVENTION <b>VACUUM ASSISTED SURGICAL STAPLER</b>		
APPLICANT(S) FOR DO/EO/US Bruce Jankowski et al		
Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information:		
1. <input checked="" type="checkbox"/> This is a <b>FIRST</b> submission of items concerning a submission under 35 U.S.C. 371. 2. <input type="checkbox"/> This is a <b>SECOND</b> or <b>SUBSEQUENT</b> submission of items concerning a submission under 35 U.S.C. 371. 3. <input type="checkbox"/> This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below. 4. <input checked="" type="checkbox"/> The US has been elected (Article 31). 5. <input checked="" type="checkbox"/> A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. <input checked="" type="checkbox"/> is attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> has been communicated by the International Bureau. c. <input type="checkbox"/> is not required, as the application was filed in the United States Receiving Office (RO/US). 6. <input type="checkbox"/> An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. <input type="checkbox"/> is attached hereto. b. <input type="checkbox"/> has been previously submitted under 35 U.S.C. 154(d)(4). 7. <input type="checkbox"/> Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3)) a. <input type="checkbox"/> are attached hereto (required only if not communicated by the International Bureau). b. <input type="checkbox"/> have been communicated by the International Bureau. c. <input type="checkbox"/> have not been made; however, the time limit for making such amendments has NOT expired. d. <input type="checkbox"/> have not been made and will not be made. 8. <input type="checkbox"/> An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371(c)(3)). 9. <input checked="" type="checkbox"/> An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. <input type="checkbox"/> An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: 11. <input checked="" type="checkbox"/> An Information Disclosure Statement under 37 CFR 1.97 and 1.98. 12. <input checked="" type="checkbox"/> An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included. 13. <input checked="" type="checkbox"/> A preliminary amendment. 14. <input type="checkbox"/> An Application Data Sheet under 37 CFR 1.76. 15. <input type="checkbox"/> A substitute specification. 16. <input checked="" type="checkbox"/> A power of attorney and/or change of address letter. 17. <input type="checkbox"/> A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 37 CFR 1.821- 1.825. 18. <input type="checkbox"/> A second copy of the published International Application under 35 U.S.C. 154(d)(4). 19. <input type="checkbox"/> A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4). 20. <input checked="" type="checkbox"/> Other items or information:		

Cert. of Express Mail, Fee Transmittal For FY 2005, Copy of PCT/IB/308 Form, Search Report date of Mailing 19 July 2004

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete, including gathering information, preparing, and submitting the completed form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

U.S. APPLICATION NO. (if known, see 37 CFR 1.51) TO BE ASSIGNED <b>10/540197</b>		INTERNATIONAL APPLICATION NO. PCT/US2003/041068		ATTORNEY'S DOCKET NUMBER 2884 (203-3592PCTUS)	
The following fees have been submitted				<b>CALCULATIONS      PTO USE ONLY</b>	
21. <input checked="" type="checkbox"/> Basic national fee..... \$300				\$ 300.00	
22. <input checked="" type="checkbox"/> Examination fee If International preliminary examination report prepared by USPTO and all claims satisfy provisions of PCT Article 33(1)-(4)..... \$100 All other situations..... \$200				\$ 200.00	
23. <input checked="" type="checkbox"/> Search fee Search fee (37 CFR 1.445(a)(2)) has been paid on the international application to the USPTO as an International Searching Authority..... \$100 International Search Report prepared and provided to the Office..... \$400 All other situations..... \$500				\$ 500.00	
<b>TOTAL OF 21, 22 and 23 =</b>				<b>\$ 1,000.00</b>	
<input type="checkbox"/> Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.					
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof (round up to a whole number)	RATE		
33 - 100 =	/50 =		x \$250	\$	
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(h)).				\$	
CLAIMS	NUMBER FILED	NUMBER EXTRA	RATE	\$	
Total claims	18 - 20 =		x \$ 50	\$ 0.00	
Independent claims	3 - 3 =		x \$200	\$ 0.00	
MULTIPLE DEPENDENT CLAIM(S) (if applicable)			+ \$360	\$ 0.00	
<b>TOTAL OF ABOVE CALCULATIONS =</b>				<b>\$ 0.00</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Fees above are reduced by 1/2.					
<b>SUBTOTAL =</b>				\$	
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(i)).				+	\$
<b>TOTAL NATIONAL FEE =</b>				<b>\$ 1,000.00</b>	
Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property				+	\$ 40.00
<b>TOTAL FEES ENCLOSED =</b>				<b>\$ 1,040.00</b>	
				Amount to be refunded:	\$
				Amount to be charged:	\$ 1,040.00
<p>a. <input type="checkbox"/> A check in the amount of \$ _____ to cover the above fees is enclosed.</p> <p>b. <input checked="" type="checkbox"/> Please charge my Deposit Account No. <u>21-0550</u> in the amount of \$ <u>1,040.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.</p> <p>c. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. <u>21-0550</u>. A duplicate copy of this sheet is enclosed.</p> <p>d. <input type="checkbox"/> Fees are to be charged to a credit card. <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>					
<p><b>NOTE:</b> Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.</p>					
<p>SEND ALL CORRESPONDENCE TO:</p> <p>Lisa J. Moyles, Esq. U.S. Surgical, a division of TYCO Healthcare Group, LP 150 Glover Avenue Norwalk, CT 06856</p>					
				<p style="text-align: center;"> SIGNATURE Lisa J. Moyles</p> <p style="text-align: center;">NAME Reg. No. 40,737</p> <p style="text-align: center;">REGISTRATION NUMBER</p>	

10/540197

JCO9 Rec'd PCT/PTO 20 JUN 2005

Attorney Docket: 2884  
(203-3592PCTUS)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Bruce Jankowski, et al

Serial No.: To Be Assigned

Art Unit: To Be Assigned

Filed: Concurrently Herewith

Examiner: To Be Assigned

For: **ENDOVASCULAR FASTENER APPLICATOR**

Mail Stop PCT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

CERTIFICATE OF EXPRESS MAILING

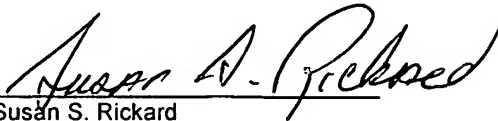
"Express Mail" Mailing Label No.: EH669396684US

Date of Deposit: June 20, 2005

I hereby certify that the following:

- ☒ This Certificate of Express Mailing
- ☒ Application Transmittal Letter (2 pages)
- ☒ Fee Transmittal for FY 2005 (1 page)
- ☒ Application (22 pages including specification, claims and abstract)
- ☒ 11 sheets of drawings (informal)
- ☒ Information Disclosure Statement (2 pages) with Foreign Cited Reference (1)
- ☒ Copy of PCT/IB/308Form
- ☒ Copy Combined Declaration and Power of Attorney (8 pages)
- ☒ Recordation Cover Sheet
- ☒ Copy of Executed Assignment (6 pages)
- ☒ Return Postcard

are being deposited with the United States Postal Services under 37 CFR Section 1/10 on the Date of Deposit indicated above in an envelope as "Express Mail Post Office to Addressee" Mail Label Number EH669396684US addressed to Mail Stop PCT, PO Box 1450, Alexandria, VA 22313-1450.

  
Susan S. Rickard

U.S. Surgical, a division of  
TYCO HEALTHCARE GROUP LP  
150 Glover Avenue  
Norwalk, Connecticut 06856  
(203) 845-4489

Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	To Be assigned
		Filing Date	Concurrently Herewith
		First Named Inventor	Bruce Jankowski
		Examiner Name	To Be Assigned
		Art Unit	To Be Assigned
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) \$1,040.00		Attorney Docket No.	2884 (203-3592PCTUS)

**METHOD OF PAYMENT** (check all that apply)

☐ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account 
 Deposit Account Number: 21-0550 
 Deposit Account Name: United States Surgical

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below 
 ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 
 ☒ Credit any overpayments

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$1000.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims** 18 - 20 or HP =        x        = 0  
 HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** 3 - 3 or HP =        x        = 0  
 HP = highest number of independent claims paid for, if greater than 3.

**Multiple Dependent Claims**  
**Fee (\$)** 0 **Fee Paid (\$)**       

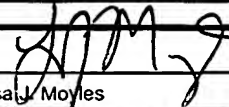
**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
<u>33</u>	<u>      </u>	<u>      </u> / 50 = <u>      </u> (round up to a whole number) x <u>      </u>	<u>0</u>	<u>0</u>

**4. OTHER FEE(S)**

Description	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): <u>Recording the Assignment (37 CFR 1.21(h))</u>	\$40.00

<b>SUBMITTED BY</b>		
Signature 	Registration No. <u>40,737</u> (Attorney/Agent)	Telephone <u>203-845-1941</u>
Name (Print/Type) <u>Lisa J. Moyles</u>		Date <u>6/20/2005</u>

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.